

STATE OF NEW HAMPSHIRE

Fee for Form SRA: \$50.00

Filing fee: \$50.00

Total fees \$100.00

Use black print or type.

Leave 1" margins both sides.

Form must be single-sided, on 8½" x 11" paper and have one inch margins on both sides. Double sided copies will not be accepted.

Filed

Date Filed: 11/17/2005

Effective Date: 11/17/2005

Business ID: 547445

William M. Gardner

Secretary of State

CERTIFICATE OF FORMATION
NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS
SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company is CK AUTO REPAIR LLC

SECOND: The nature of the primary business or purposes are AUTO REPAIRS

THIRD: The name of the limited liability company's registered agent is KHANH CAO

and the street address, town/city (including zip code and post office box, if any) of its registered office is
(agent's business address) 325 SILVER ST STE B
MANCHESTER NH 03103

FOURTH: The latest date on which the limited liability company is to dissolve is NONE

FIFTH: The management of the limited liability company IS vested in a manager or
managers.

Dated 11-17-2005

Effective 1:45pm

*Signature: [Signature]

Print or type name: KHANH CAO

Title: MANAGER
(Enter "manager" or "member")

State of New Hampshire
Form LLC 1 - Certificate of Formation 2 Page(s)

ager, must be signed by a member.



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Form SRA – Addendum to Business Organization and Registration Forms
Statement of Compliance with New Hampshire Securities Laws

Part I – Business Identification and Contact Information

Business Name: CK AUTO REPAIR LLC

Business Address (include city, state, zip): 325 SILVER ST STEB MANCHESTER NH 03103-5510

Telephone Number: (603) 867-6271 E-mail: _____

Contact Person: KHANH CAO

Contact Person Address (If Different): 373 HARVARD ST MANCHESTER NH 03103

Part II – Check ONE of the following items in Part II If more than one item is checked, this form will be rejected.
[PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. However, you must insure that your business meets all of the requirements spelled out in A), B) and C)]:

1. ☒ Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements:
- A) This business has 10 or fewer owners; and
 - B) Advertising relating to the sale of ownership interests has not been circulated; and
 - C) Sales of ownership interests – if any – will be completed within 60 days of the formation of this business.
2. ☐ This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - _____.
3. ☐ This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - _____.
4. ☐ This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

Part III – Check ONE of the following items in Part III:

1. ☒ This business is not a New Hampshire corporation or limited partnership. (ALL LLC's should check this item.)
2. ☐ This business is a New Hampshire corporation or limited partnership and the articles of incorporation or certificate of limited partnership states whether capital stock or interests will be sold or offered for sale.

Part IV – Certification of Accuracy

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures only)

Name (print): KHANH X. CAO Signature: 

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Date: 11/17/05